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021005 7590 01/25/2005

**HAMILTON, BROOK, SMITH & REYNOLDS, P.C.**  
530 VIRGINIA ROAD  
P.O. BOX 9133  
CONCORD, MA 01742-9133

02/23/2005 FMETEK12 00000077 10731521

01 FC:1501 1400.00 OP  
02 FC:1504 300.00 OP  
03 FC:800 APPLICATION NO. FILING 45100 OP



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

<i>Jennifer Warner</i> (Depositor's name)	
<i>Jennifer Warner</i> (Signature)	
2-18-05 (Date)	

FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
Sudhir V. Shah	2629.1003-010	3717

TITLE OF INVENTION: DIAGNOSIS AND TREATMENT OF HUMAN KIDNEY DISEASES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/25/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
WINSTON, RANDALL O		1654	435-004000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Hamilton, Brook, Smith & Reynolds, P.C.  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Shiva Biomedical, LLC

Paramus, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 15

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached. to charge any deficiency  
 The Director is hereby authorized to credit any overpayment, to Deposit Account Number 08-0380 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date February 18, 2005

Typed or printed name

Registration No. 47,813

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